

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			8-3-01
FORMALITY REVIEW	CC	JUL 14	9-6-01
RESPONSE FORMALITY REVIEW	MA	825	10-5-01

Best Available Copy

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	06/15/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
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39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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5067  
 9/6/11  
 11-7-01  
 907